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Follow-up to the outcome of the Millennium Summit

Draft resolution submitted by the President of the General Assembly

Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

The General Assembly,

Adopts the following outcome document:

Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases

We Ministers and representatives of States and Governments and heads of delegations, assembled at the United Nations on 10 and 11 July 2014 to take stock of the progress made in implementing the commitments set out in the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, adopted by the General Assembly in its resolution 66/2 of 19 September 2011,

Intensifying our efforts towards a world free of the avoidable burden of non-communicable diseases

1. Reaffirm the political declaration, which has catalysed action and retains great potential for engendering sustainable improved health and human development outcomes;

2. Reaffirm our commitment to address the global burden and threat of non-communicable diseases, which constitute one of the major challenges for development in the twenty-first century, undermine social and economic development throughout the world, threaten the achievement of internationally agreed development goals and may lead to increasing inequalities within and between countries and populations;

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3. Reiterate that the most prevalent non-communicable diseases, namely, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, are primarily linked to four common risk factors, namely, tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity;

4. Reiterate our concern regarding the rising levels of obesity in different regions, particularly among children and youth;

5. Recognize that mental and neurological conditions are an important cause of morbidity and contribute to the global non-communicable disease burden, in respect of which there is a need to provide equitable access to effective programmes and health-care interventions, as described in the comprehensive mental health action plan 2013-2020 of the World Health Organization;

6. Recall the Moscow Declaration, adopted at the first Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control, held in April 2011,[1] as well as all the regional initiatives undertaken on the prevention and control of non-communicable diseases, including the Declaration of the Heads of State and Government of the Caribbean Community entitled "Uniting to stop the epidemic of chronic non-communicable diseases", adopted in September 2007, the Libreville Declaration on Health and Environment in Africa, adopted in August 2008, the statement of the Commonwealth Heads of Government on action to combat non-communicable diseases, adopted in November 2009, the declaration of commitment of the Fifth Summit of the Americas, adopted in June 2009, the Parma Declaration on Environment and Health, adopted by the member States in the European region of the World Health Organization in March 2010, the Dubai Declaration on Diabetes and Chronic Non-communicable Diseases in the Middle East and Northern Africa Region, adopted in December 2010, the European Charter on Counteracting Obesity, adopted in November 2006, the Aruba Call for Action on Obesity of June 2011, and the Honiara Communiqué on addressing non-communicable disease challenges in the Pacific region, adopted in July 2011;

Taking stock: progress achieved since 2011

7. Welcome the development by the World Health Organization, in accordance with paragraph 61 of the political declaration, of the comprehensive global monitoring framework, including the set of 9 voluntary global targets for achievement by 2025 and a set of 25 indicators to be applied across regional and country settings in order to monitor trends and assess progress made in the implementation of national strategies and plans on non-communicable diseases, and the adoption of the framework by the World Health Assembly;

8. Also welcome the endorsement by the World Health Assembly of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 and its adoption of the nine indicators to inform reporting on progress made in implementing the Global Action Plan;

[1] A/65/859, annex.

9. Welcome the establishment of the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases and the endorsement of its terms of reference by the Economic and Social Council;

10. Welcome the request that the Director-General of the World Health Organization prepare, for consideration during the sixty-eighth World Health Assembly, in consultation with Member States, United Nations organizations and other relevant stakeholders, as appropriate, and within existing resources, a framework for country action, for adaptation to different contexts, taking into account the Helsinki Statement on Health in All Policies, adopted at the Eighth Global Conference on Health Promotion, aimed at supporting national efforts to improve health, ensure health protection, health equity and health systems functioning, including through action across sectors on determinants of health and risk factors of non-communicable diseases, based on best available knowledge and evidence;

11. Also welcome the endorsement by the World Health Assembly of the terms of reference for the comprehensive global coordination mechanism for the prevention and control of non-communicable diseases;

12. Recognize the remarkable progress achieved at the national level, since September 2011, including an increase in the number of countries which have an operational national non-communicable disease policy with a budget for implementation, from 32 per cent of countries in 2010 to 50 per cent of countries in 2013;

13. Recognize that progress in the prevention and control of non-communicable diseases has been insufficient and highly uneven, due in part to their complexity and challenging nature, and that continued and increased efforts are essential for achieving a world free of the avoidable burden of non-communicable diseases;

14. Acknowledge that, despite some improvements, commitments to promote, establish or support and strengthen, by 2013, multisectoral national policies and plans for the prevention and control of non-communicable diseases, and to increase and prioritize budgetary allocations for addressing non-communicable diseases, were often not translated into action, owing to a number of factors, including the lack of national capacity;

15. Acknowledge that many countries, in particular developing countries, are struggling to move from commitment to action and, in this regard, reiterate our call upon Member States to consider implementing, as appropriate, within national contexts, policies and evidence-based, affordable, cost-effective, population-wide and multisectoral interventions, including a reduction of modifiable risk factors of non-communicable diseases as described in appendix 3 to the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

16. Recognize that affordable interventions to reduce environmental and occupational health risks are available, and that prioritization and implementation of such interventions in accordance with national conditions can contribute to reducing the burden of non-communicable diseases;

17. Reiterate our call upon Member States to consider implementing, as appropriate, according to national circumstances, policy options and cost-effective, affordable, multisectoral interventions for the prevention and control of non-communicable diseases in order to achieve the nine voluntary global targets for non-communicable diseases by 2025;

Reaffirming our leadership: commitments and actions

18. Reaffirm our commitment to advance the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the four common behavioural risk factors for non-communicable diseases, through the implementation of relevant international agreements, strategies, national policies, legislation and development priorities, including educational, regulatory and fiscal measures, without prejudice to the right of sovereign nations to determine and establish their taxation policies and other policies, where appropriate, by involving all relevant sectors, civil society and communities, as appropriate;

19. Recognize that the implementation of the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020, the Global Strategy on Diet, Physical Activity and Health, the Global Strategy to Reduce the Harmful Use of Alcohol, the Global Strategy for Infant and Young Child Feeding of the World Health Organization and the United Nations Children's Fund, and the World Health Organization Set of Recommendations on the Marketing of Foods and Non-alcoholic Beverages to Children, as appropriate, will accelerate efforts to reduce non-communicable diseases, and reiterate our call on Member States to mobilize political will and financial resources for that purpose;

20. Reiterate our commitment to accelerate the implementation of the World Health Organization Framework Convention on Tobacco Control[2] by States parties, and encourage countries to consider becoming parties to the Convention;

21. Call upon Member States to take steps, including, where appropriate, effective legislation, cross-sectoral structures, processes, methods and resources that enable societal policies which take into account and address the impacts on health determinants, health protection, health equity and health system functioning, and which measure and track economic, social and environmental determinants and disparities in health;

22. Call upon Member States to develop, as appropriate, institutional capacity with adequate knowledge and skills for assessing the impact on health of policy initiatives in all sectors, identifying solutions and negotiating policies across sectors to achieve improved outcomes from the perspective of health, health equity and health system functioning;

23. Recognize the importance of universal health coverage in national health systems, and call upon Member States to strengthen health systems, including health-care infrastructure, human resources for health, health and social protection systems, particularly in developing countries, in order to respond

[2] United Nations, *Treaty Series*, vol. 2302, No. 41032.

effectively and equitably to the health-care needs of people with non-communicable diseases throughout the life cycle;

24. Recognize the need to scale up, where appropriate, a package of proven, cost-effective interventions, including those identified in appendix 3 to the Global Action Plan;

25. Reiterate the importance of increased access to cost-effective cancer screening programmes as determined by national situations, as well as the importance of promoting increased access to cost-effective vaccinations to prevent infections associated with cancer, as part of national immunization schedules;

26. Acknowledge that limited progress has been made in implementing paragraph 44 of General Assembly resolution 66/2, and although an increased number of private sector entities has started to produce and promote food products consistent with a healthy diet, such products are not always broadly affordable, accessible and available in all communities within countries;

27. Continue to encourage policies that support the production and manufacture of, and facilitate access to, foods that contribute to a healthy diet and provide greater opportunities for the utilization of healthy local agricultural products and foods, thereby contributing to efforts to cope with the challenges and take advantage of opportunities presented by globalization and to achieve food security and adequate nutrition;

28. Reaffirm the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases, including through engaging non-governmental organizations, the private sector and other sectors of society to generate effective responses for the prevention and control of non-communicable diseases at the global, national and local levels;

29. Recall that effective non-communicable disease prevention and control requires leadership and multisectoral approaches to health at the governmental level, including, as appropriate, health-in-all-policies and whole-of-government approaches across sectors beyond health, while protecting public health policies for the prevention and control of non-communicable diseases from undue influence by any form of real, perceived or potential conflict of interest;

Moving forward: national commitments

30. We commit to addressing non-communicable diseases as a matter of priority in national development plans, as appropriate within national contexts and the international development agenda, and to take the following measures with the engagement of all relevant sectors, including civil society and communities, as appropriate:

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the

progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve the national targets by 2025, taking into account the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a particular focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty and social and economic development;

(v) Integrate measures to address non-communicable diseases into health planning and national development plans and policies, including the design process and implementation of the United Nations Development Assistance Framework;

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policymaking that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across governmental sectors;

(viii) Strengthen the capacity of ministries of health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that issues relating to non-communicable diseases receive an appropriate, coordinated, comprehensive and integrated response;

(ix) Align international cooperation on non-communicable diseases with national plans concerning non-communicable diseases in order to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;

(x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included;

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through the implementation of

interventions and policy options to create health-promoting environments, building on guidance set out in appendix 3 to the Global Action Plan;

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of non-communicable diseases and the underlying social determinants through people-centred primary health care and universal health coverage throughout the life cycle, building on guidance set out in appendix 3 to the Global Action Plan;

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities;

(e) Continue to promote the inclusion of prevention and control of non-communicable diseases within programmes for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programmes, such as those addressing tuberculosis, as appropriate;

(f) Consider the synergies between major non-communicable diseases and other conditions as described in appendix 1 to the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work;

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

(i) Assess progress towards attaining the voluntary global targets and report on the results using the indicators established in the comprehensive global monitoring framework, according to the agreed timelines, and use results from monitoring of the 25 indicators and 9 voluntary targets and other sources of data to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

(ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

(iii) Develop or strengthen, as appropriate, monitoring systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases on the basis of data disaggregated by sex, age and disability, in an effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men;

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation, strengthening of health systems, training of health-care personnel and the development of appropriate health-care infrastructure and diagnostics and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard;

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation;

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms;

Moving forward: international commitments

33. Invite the Development Assistance Committee of the Organization for Economic Cooperation and Development to consider developing a purpose code for non-communicable diseases in order to improve the tracking of official development assistance in support of national efforts for the prevention and control of non-communicable diseases;

34. Reiterate our commitment to actively promote national and international investments and strengthen national capacity for quality research and development, in all aspects relating to the prevention and control of non-communicable diseases, in a sustainable and cost-effective manner, while noting the importance of continuing to incentivize innovation in public health, inter alia, as appropriate, through a sound and balanced intellectual property rights system, which is important, inter alia, for the development of new medicines, as recognized in the Doha Declaration on the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and Public Health;

35. Reaffirm the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), the Doha Declaration, the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration, and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health, and, in particular, to promote access to medicines for all and encourage the provision of assistance to developing countries in this regard;

36. Give due consideration to addressing non-communicable diseases in the elaboration of the post-2015 development agenda, taking into account, in particular, their serious socioeconomic consequences and determinants and their links to poverty;

37. Call upon the World Health Organization, in consultation with Member States, in the context of the comprehensive global coordination mechanism for the prevention and control of non-communicable diseases, while ensuring appropriate protection from vested interests, to develop, before the end of 2015, an approach that can be used to register and publish contributions of the private sector, philanthropic entities and civil society to the achievement of the nine voluntary targets for non-communicable diseases;

Towards the world we want: follow-up

38. Request the Secretary-General, in collaboration with Member States, the World Health Organization and relevant funds, programmes and specialized agencies of the United Nations system, to submit to the General Assembly, by the end of 2017, for consideration by Member States, a report on the progress achieved in the implementation of the present outcome document and of the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, in preparation for a comprehensive review, in 2018, of the progress achieved in the prevention and control of non-communicable diseases.